



Bipartisan Improving Access to Health Care in Rural and Underserved Areas Act

Introduced by Rep. Susie Lee (D-NV), Rep. Dave Joyce (R-OH), Rep. Tom O'Halleran (D-AZ), and Rep. Brian Fitzpatrick (R-PA)

The need:

- With our nation's **doctor shortage**, the health needs of many Americans often go unmet due to a **lack of access to specialized medical care in their area**.
- Research links **lack of access to providers and to specialized care to higher mortality rates and preventable hospitalizations** in rural and underserved communities.ⁱ
- Over **83 million Americans live in federally designated Health Professional Shortage Areas (HPSA)**. HPSAs are identified based on population-to-provider ratios, travel time to care, and poverty rates.ⁱⁱ
- **All 17 counties in Nevada have some type of HPSA designation** due to very low provider to population ratios.ⁱⁱⁱ

What is Continuing Medical Education (CME)?

- Continuing medical education (CME) consists of educational activities which serve to maintain, develop, or expand the knowledge, skills, and professional performance that a physician uses to provide care for patients.^{iv}
- CME is crucial to the prosperity of health care providers in underserved communities and the quality of patient care—it allows a practitioner to refine and learn new skills to improve and expand the patient care they deliver.
- CME is also a valuable tool to equip existing health workforce in rural and underserved areas with the training and resources they need to meet their communities' needs.

What this bill does:

- The bill provides additional support for primary care providers in rural and underserved areas through accredited continuing medical education (CME) and peer-to-peer clinical support.
- The five-year pilot program provides a funding opportunity for up to 100 Federally Qualified Health Centers (FQHCs) and Rural Health Clinics to boost capacity in specific areas of medical need within their communities, enhancing skills in these areas and expanding access to care.
- Visiting board-certified specialists and other licensed medical professionals with teaching experience, high-volume patient experience, or other relevant experience provide peer-to-peer training to primary care providers in rural and underserved FQHCs and Rural Health Centers.

How the Pilot Program works:

- FQHCs and Rural Health Clinics identify medical specialty areas that fit their needs for patient care and enhanced skills development of their primary care providers. Eligible areas include:
 - Mental and behavioral health, substance use treatment, pediatric primary care and pediatric subspecialties, preventive care and nutrition, obstetrics and gynecology, endocrinology (including diabetes care), palliative care and pain management, dermatology, gastroenterology, geriatric medicine, infectious disease, cardiology, wound care, rural health and training to improve outcomes for populations experiencing health disparities, disease management for patients with multiple comorbidities, health information technology, other topics as determined by the Secretary of HHS.
- Who provides the continuing medical education (CME)?
 - Visiting board-certified specialists, including family and internal medicine physicians, with teaching or high-volume patient experience, and other licensed medical professionals with relevant experience in the designated areas provide peer-to-peer training to primary care providers in the centers.
- Each FQHC and Rural Health Center has flexibility in specific program design within the following parameters:
 - Minimum of 1-day training time per month.
 - There is a direct clinical component with concurrent patient visits, with both the primary care provider and the medical professional, for at least 50% of the total program time.
 - *For example:* A diabetes patient that has had trouble keeping steady blood sugar levels may see both their primary care provider and the visiting endocrinologist at the same visit (with no additional cost to the patient).
 - The remainder of the program time is spent in peer-to-peer training, such as case reviews and other relevant educational activities per the design of the accredited continuing medical education program at the FQHC/Rural Health Clinic.
 - Both telehealth and in-person visits may be utilized.
- Reporting requirements:
 - Each grantee reports annually on the number of physicians participating, the specific specialties, time breakdown between patient care (both in-person and telehealth) and training in a non-clinical setting, patient care improvement measures, summary of clinical practice changes, patient referrals to outside specialist care and summary of care provided in the FQHC/Rural Health Clinic that may have been previously referred out, and physician retention and satisfaction rates.
- Funding: Authorizes \$20 million per year for five years.

Endorsements:

- Accreditation Council for Continuing Medical Education (ACCME)
- American Association of Colleges of Osteopathic Medicine (AACOM)
- Association of Maternal & Child Health Programs
- California Telehealth Network
- CME Coalition
- Families USA
- National Association for Rural Mental Health (NARMH)
- National Association of Community Health Centers (NACHC)
- National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD)
- National Association of Rural Health Clinics
- National Rural Health Association
- Nevada Health Centers
- Nevada State Office of Rural Health
- Nevada Primary Care Association
- Nevada Public Health Association
- OCHIN (formerly Oregon Community Health Information Network)

Support from Providers, Medical Professionals, and Patient Advocates:

- "Primary care clinicians in rural and underserved areas deserve access to accredited continuing education that **reflects the needs of their patients**. Continuing education helps physicians and healthcare teams learn and stay current with best practices to deliver the care their patients deserve and expect. The bill introduced by Representatives Susie Lee (D-NV) and Dave Joyce (R-OH) would make **an important contribution to linking clinicians with practice-based, relevant, and effective accredited continuing education** that is **meaningful in improving care** for patients and communities across the country."
 - *Graham McMahon, MD, MMSc, President and CEO, Accreditation Council for Continuing Medical Education (ACCME)*
- "On behalf of Community Health Centers and the 29 million patients they serve, I thank Representatives Susie Lee and Dave Joyce for their leadership by introducing the Improving Access to Health Care in Rural and Underserved Areas Act. COVID-19 has only worsened the **severe provider shortage that health centers face daily**. This bill will **increase clinician capacity, training, and retention for health centers to better serve their patients in primary care and specialty care, including behavioral health settings**. Passage of this bill is needed to expand access to high quality and comprehensive care for our rural, remote, and hard to reach health center patients."
 - *Rachel Gonzales-Hanson, Interim President and CEO of the National Association of Community Health Centers (NACHC)*
- "The National Rural Health Association (NRHA) applauds Representatives Lee (D-NV) and Joyce (R-OH) for introducing the Improving Access to Health Care in Rural and

Underserved Areas Act. This important legislation will provide Federally Qualified Health Centers and rural health clinics **serving rural communities** with additional support to ensure they have the tools needed to support the health care needs of their communities. **As the nation rebounds from COVID-19, innovative pilot programs like this are necessary to bolster our public health infrastructure to ensure providers can meet the needs of their communities."**

- Alan Morgan, Chief Executive Officer of the National Rural Health Association

- "Improving access to primary care in rural and underserved communities is a core goal of osteopathic medical education. In fact, more than half of osteopathic physicians practice in primary care and many also stay to practice in their rural and underserved hometowns. **Funding continuing medical education for primary care physicians working in FQHCs and Rural Health Clinics is vital** to advancing rural health. AACOM would like to thank Representatives Lee and Joyce for introducing this **bipartisan legislation to support the primary care physicians who are doing the essential, challenging, and wide-ranging work** of caring for patients in rural and underserved communities. We are proud to endorse this effort to help meet our nation's critical rural health needs."

- Robert A. Cain, DO, President and CEO, American Association of Colleges of Osteopathic Medicine

- "The Nevada Primary Care Association and our member community health centers have experienced first-hand the difficulty of attracting and retaining physicians and the impact of limited access to health care in the rural parts of our state. This bill is an **important step towards expanding opportunities for our health centers to train physicians in the communities where they live and practice**. We are grateful to Representative Lee for her leadership and support in promoting rural health."

- Nancy Bowen, CEO of the Nevada Primary Care Association

- "Rural and medically underserved areas of **Nevada struggle to attract and keep primary care physicians and other clinicians**. This important bill will support efforts by community health centers and rural health clinics to ensure access to primary care in their communities by **improving the ability of clinicians to practice at their full scope of practice and to manage the complex health needs of increasingly diverse patient populations."**

- Dr. John Packham, Associate Dean, University of Nevada, Reno School of Medicine

ⁱ <https://pubmed.ncbi.nlm.nih.gov/31794307/>

ⁱⁱ <https://www.kff.org/other/state-indicator/primary-care-health-professional-shortage-areas-hpsas/?selectedRows=%7B%22states%22:%7B%22nevada%22:%7B%7D%7D,%22wrapups%22:%7B%22united-states%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>

ⁱⁱⁱ [https://dphh.nv.gov/Programs/HPSA/Health Professional Shortage Area Designations - Home/](https://dphh.nv.gov/Programs/HPSA/Health%20Professional%20Shortage%20Area%20Designations%20-%20Home/)

^{iv} <https://www.nih.gov/about-nih/what-cme-credit#:~:text=CME%20is%20the%20abbreviation%20for,the%20public%2C%20or%20the%20profession.>